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The Psychology of Goals: A Practice-Friendly Review

The overarching goal of this chapter is to review psychological evidence and theory on goals and goal processes, and to draw out implications for clinical practice. More specifically, drawing on the research, the goals of this chapter are to critically discuss:

- The relationship between goals and affect
- Key dimensions along which goals can vary
- The nature of goal processes, such as planning and disengaging from goals
- A hierarchical framework for understanding the relationship between goals
- The relationship between goals and the social context
- The implications of these analyses for therapeutic practice.

'Since the 1980s,' write Grouzet et al. (2005, p. 800), 'psychological research on goals has experienced a real renaissance'. This has been in a number of areas: for instance, the impact of goal-setting on task performance (e.g., Locke & Latham, 2002), the relationship between goals and wellbeing (e.g., Elliot & Church, 2002), and the neuropsychology of goals (e.g., Reeve & Lee, 2012). For Cooper and Joseph (2016), such psychological research can form an importance basis for therapeutic practice. Like the roots of a tree, they argue psychological knowledge can, 'provide nourishment and stimulation for growth…fuelling new ideas and practices that can be tested out, researched, and refined' (pp. 12-13). Moreover, they suggest that it can, 'provide a "grounding" for psychotherapeutic practice: ensuring that it is embedded in valid and defensible models of human functioning and change' (p. 13).

Clearly, psychological evidence cannot be considered the only important source on which to base clinical practice, nor an infallible one. For instance, psychological knowledge is often based on settings and samples that are unrepresentative of the clinical context, and generally neglects the domain of subjective lived-experiences. However, given that it may provide some important insights into clinical work, the aim of this chapter is to review the psychological research and theory on goals and goal processes, and to explore its relevance for clinical practice. The approach taken here is of a 'practice-friendly' review (Mcleod, 2012), where there is a particular emphasis on establishing guidance for therapeutic work. Unfortunately, the psychological research and theory focuses mainly on adults rather than children and young people, and therefore discussion of the latter will be limited. However, wherever possible, research, theory and implications for work with children and young people will also be considered.

Goals, Wellbeing and Affect

Why might goals be important to the work that therapists do? One answer to this question, as suggested by a growing body of psychological evidence, is that it is because goals and goal-related processes are fundamental to how positive or negative people feel. More specifically, the evidence suggests five particular ways in which people's feelings of positive or negative affect tend to be related to their goals (see, Wiese, 2007).

First, as meaning-centred therapists have argued (e.g., Frankl, 1984), the *awareness* that one has goals and purposes, and the belief they are meaningful and important, is associated with wellbeing (Little, Salmela-Aro, & Phillips, 2007). Indeed, Emmons and Diener (1986, p. 315) found that 'positive affect is just as strongly related to having important goals as it is to the attainment of these goals'. Consistent with this, research has demonstrated abundant links between a sense of meaning and purpose in life and other

indicators of wellbeing (see Steger, 2013, for a comprehensive review). People with lower levels of purpose in life, for instance, have greater levels of psychological distress, more substance-related problems, and more disruptive behaviour. They also have lower levels of life satisfaction, self-esteem, positive affect and physical functioning (King & Hicks, 2013; Park, Park, & Peterson, 2010; Steger, 2013; Vos, 2016).

Second, research indicates that people tend to experience positive affect when they feel that their goals are *attainable*. That is, even without achieving or progressing towards their goals, people feel better if they believe that they will be successful in achieving important goals (Emmons, 1986); and that they have control, support and opportunities to work towards their accomplishment (Brunstein, 1993).

Third, research indicates that *progress* towards goals (i.e., the subjective perception of moving towards them, as opposed to their actual attainment, Wiese, 2007) also tends to lead to enhance feelings of wellbeing and positive affect (Brunstein, 1993; Wiese, 2007). In the most comprehensive meta-analysis to date, Koestner et al. (2002, p. 233) found that 'Participants reported significantly more positive affect and less negative affect over time when they had made greater goal progress'.

Fourth, positive affect may be related to the *rate* of progress towards goals, as well as to progress, itself. Here, Carver and Scheier (1990; 2012) have hypothesised that people will experience positive affect when they are moving towards their goals at a rate higher than standard, negative affect when the rate is lower than standard, and no affect when they are progressing at a standard rate. This means, for example, that I could be progressing towards a goal but still experiencing frustration, because my rate of progress is much slower than I had expected. However, to date, evidence in support of this hypothesis is 'sparse' (Wiese, 2007, p. 311).

Finally, research indicates that people tend to feel good when they *achieve* their goals (Sheldon & Elliot, 1999; Wiese, 2007). Emmons and Diener (1986), for instance, found a large positive correlation of .46 between the attainment of goals and positive affect; while Sheldon and Elliot (1999) found a moderate positive correlation of .34. Goal achievement is likely to feel good both because of the affect generated by a successful goal process, but also because of the affect generated by the goal-object, itself. For instance, if I achieve my goal of establishing a close, intimate relationship, I have both the satisfaction of reaching the objective that I set for myself, but also the pleasure of experiencing a deep, connected relatedness.

Although research has tended to focus on the relationship between goals and relatively global positive or negative affect, if 'affect serves as feedback indicating that either progress towards goals is being made or that important goals have been attained' (Emmons & Diener, 1986, p. 311) then it may be possible to specify more clearly what emotions arise in relation to particular goal processes. For instance, as Ryan and Deci (2008) state, anger or sadness could be associated with having our goal thwarted. In this respect, Table 3.1 hypothesises the particular kinds of positive and negative affect that may arise in relation to the presence or absence of particular goal processes.

Table 3.1. Emotions hypothesised to arise in the presence or absence of goal processes

	Presence	**Absence**
Awareness of goals	Meaning, purpose, sense of direction, orientation, order	Meaninglessness, disorientation, chaos, directionlessness, despair

Perceived attainability of goals	Hope, optimism, control, order, excitement, expectation	Hopelessness, futility, fear, anger, shame, sadness
Progress/velocity towards goals	Hope, accomplishment, excitement, self-belief, expectation, control, flow	Frustration, failure, despair, disillusionment, lack of self-belief, anger
Achievement of goals	Satisfaction, accomplishment, fulfilment; experiencing of the desired state, per se (e.g. relaxation, physical pleasure)	Dissatisfaction, failure, sadness, loss, frustration, envy, anger

In summary, then, people tend to experience positive affect when they are oriented towards goals, see them as attainable, feel that they are progressing towards them (and, ideally, at a faster-than-expected rate), and achieve them. These processes can be referred to as the *actualisation* of goals.

However, what the research also shows is that the affect invoked by these processes is also dependent on the type of goal being actualised, and it is to these moderators that we now turn.

Goal types

Within the adult psychological literature, several different taxonomies of goals have been proposed. For instance, Winell (1987) proposed six domains: career, family, leisure, social-community, personal growth and materials; while Ford and Nichols (1987) detailed a comprehensive taxonomy of within-person goals (affective, cognitive and subjective organisation), and person-environment goals (self-assertive social relationship, integrative social relationships, and task) (cited in Austin & Vancouver, 1996). Within the therapeutic field, Holtforth and Grawe (2002) drew on data from approximately 300 adult outpatients to develop a taxonomy of clients' goals. This identified 23 types of goals, categorised into five main categories: interpersonal goals, coping with specific problems and symptoms, personal growth, well-being and functioning, and existential issues. Berking et al. (2005) found that adults in therapy were most likely to attain wellbeing goals, followed by interpersonal goals and personal growth goals, with existential goals least likely to be attained. Drawing on this taxonomy, Rupani et al. (2014) identified four categories of goals for young people in therapy-specific issues, personal growth, emotional issues, interpersonal issues-but did not find significant differences in goal attainment through therapy. Jacob et al. (2016), in a separate study of the goals of children and young people in therapy, also identified specific difficulties and personal growth goals, along with independence goals. Parents' and carers' goals for their children differed somewhat, with a greater emphasis on managing specific difficulties, parent-specified goals, and improving self or life.

Rather than proposing specific taxonomies, however, most researchers have tended to focus on the specific (albeit interrelated) dimensions across which goals might vary. Here, many different dimensions have been proposed. In his Personal Project Analysis, for instance, Little (1983) identified 27 different goal dimensions, including levels of 'visibility', 'challenge' and 'control'. Austin and Vancouver (1996, pp. 342-347), in their comprehensive review of the empirical and theoretical literature, suggest six main dimensions: '(a) importance-commitment, (b) difficulty-level, (c) specificity-representation, (d) temporal range, (e) level of consciousness, and (f) connectedness-complexity.'

Building on these frameworks, the following sections reviews eight key goal dimensions that may be of particular relevance to therapeutic practice. With the first four dimensions, there is clear evidence that these moderate the relationship between goal actualisation and wellbeing. With the subsequent dimensions, the moderating effect is either hypothetical, or else inferred from evidence that the dimension moderates the degree of goal attainment (but not wellbeing, per se).dun

Importance

At a most basic level, goals can vary in their importance to a person. Some of my goals, for instance, are very important to me: like contributing towards a socially just society. Others are less important (albeit still goals): for instance, unpacking the boxes that have been sitting in my office for the past two years. The importance of goals to a person is closely connected to a range of other dimensions, such as the attractiveness, relevance and accessibility of their goals (Austin & Vancouver, 1996). Also, very closely connected, is a person's commitment to a particular goal. Here, research demonstrates that goal commitment mediates the relationship between goal-attainment and subjective wellbeing (Brunstein, 1993). That is, as might be expected, the more that a person is committed to achieving a particular goal, the better they feel when they perceive it as being attainable. However, the 'flip-side' of this is that, the more a person is committed to a particular goal, the worse they feel if that goal does not seem to be attainable. Hence, the more important goals are to people, the more their affective responses are likely to be heightened-in both positive and negative directions.

Important goals can also be considered similar to *core projects*: 'those that are more resistant to change, most extensively connected with other projects, and intrinsically valued by the person as pursuits without which the meaning of one's life would become compromised' (Little, 2007, p. 43). However, while the 'core-ness' of goals is likely to remain relatively stable over time, their importance may vary quite markedly. For instance, generally in my life, it is not a core project of mine to win at Trivial Pursuit (a quiz-based board game). However, in the midst of a challenge with friends or family, it can take on the utmost importance. Hence, there can be a discrepancy between core goals and goals that are experienced as important at particular moments in time. The potentially negative consequences of this-in the form of *rogue goals*-will be explored later on in the chapter.

Challenge

Some goals, like beating my nine year old son at Trivial Pursuit, are relatively easy to achieve. Other goals, like beating my wife at this game, are much more difficult. Goal challenge, or difficulty, can be defined as the 'level of knowledge and skill that is required to achieve a goal' (Sheeran & Webb, 2012, p. 178). Here, there is some evidence that goal difficulty mediates the relationship between goal progress and wellbeing, with people experiencing more positive affect when progressing towards more difficult goals (Wiese, 2007). That is, for example, if I start to beat my son at Trivial Pursuit, I do not feel a great deal of positive affect, because it is fairly expected. But starting to win against my wife generates some very noticeable positive feelings like satisfaction and glee.

Related to this, one of the strongest and most consistent findings in the goal setting literature is that people tend to show greater progress when they act towards more difficult goals as compared to easier ones (Locke & Latham, 2002; Wiese, 2007). For instance, if I set myself the goal of losing eight pounds in a month, I am likely to lose more weight than if I set myself the goal of losing one pound. And, to the extent that greater goal progress is

associated with greater positive affect, then more challenging goals should lead to more positive feelings.

However, this is likely to be moderated by the degree to which a goal is realistic: a dimension closely related to levels of challenge. Although evidence is mixed (Sheeran & Webb, 2012), a highly challenging goal may be highly unrealistic, and therefore lead to greater feelings of negative affect because there is less goal progress or attainment. For instance, while I do feel better if I beat my wife at Trivial Pursuit as compared with my son; in reality, I am less likely to experience positive affect when I play against my partner. And this is for the simple reason that the goal of beating her is less likely to be achieved: it is less realistic. Hence, the most *salutogenic* (i.e., facilitative of wellbeing) goals may be those that are challenging, but also realistic to achieve.

Approach vs. avoidance

In recent years, Elliot and colleagues (Elliot & Friedman, 2007) have argued that a fundamental distinction can be drawn between *approach*, and *avoidance*, goals. 'Approach goals are focused on a positive, desirable outcome or state and regulation entails trying to move toward or maintain the outcome or state' (Elliot & Church, 2002, p. 244). An example of this might be, 'Having more friends.' By contrast, 'avoidance goals are focused on a negative, undesirable outcome or state and regulation entails trying to move or stay away from the outcome or state' (Elliot & Church, 2002, p. 244). An example of this might be, 'Not being lonely.' Approach goals involve a 'promotion focus' (Higgins, 1997) and a sensitivity to gains, in which the person is trying to reduce the discrepancy between their current state and a desired one. By contrast, avoidance goals involve a 'prevention focus' and a sensitivity to losses, in which the person is trying to maximise the discrepancy between their current state and a feared one. Elliot and colleagues (Elliot & Church, 2002) argue that such a distinction is of so much importance that it can be considered the highest order division between goals. Indeed, as with 'regulatory focus theory' (Higgins, 1997), they argue that people can be characterised according to whether they have a basic approach/promotion orientation, or a basic avoidance/prevention one.

This distinction between approach and avoidance goals is of particular importance to a therapeutic context because 'Recent research has linked avoidance goal regulation to a host of negative processes and outcomes' (Elliot & Church, 2002, p. 244). For instance, Elliot and Sheldon (1997) found that a focus on avoidance, rather than approach, goals was associated with lower subjective wellbeing, adjustment and experience. More specifically, within the therapeutic context, Elliot and Church (2002) showed that clients who adopted more avoidance goals evidenced smaller increases in wellbeing from the start to end of therapy, experienced less goal progress, and were less satisfied with the work. Similarly, Wollburg and Braukhaus (2010) found that clients with more avoidance goals showed less reductions in depression symptomatology.

The negative effects of avoidance goals may be for a number of reasons. First, in contrast to approach goals, there is no clear end state that can be achieved. A person striving for more friends, for instance, can know when they have achieved this goal and move on; but a person trying to avoid loneliness can never fully know if they have achieved their objective, as there is always the possibility that the feared state will return. Second, closely linked to this, we are less likely to be successful in achieving avoidance goals because the warded off state, in most instances, simply cannot be eradicated. I may try and avoid failure, for instance, but it is inevitable that this will sometimes happen. Third, the means towards avoiding something is often less clear than the means towards approaching something. How do I avoid loneliness, for instance, when there are so many different ways in which it might

be evoked? It is like trying to hold back the tide. By contrast, if I am trying to achieve something, I can create specific plans for myself (see implementation intentions, below). Moreover, as a fifth point, as I start to actualise approach goal plans, my sense of self-efficacy may increase, hence enhancing my capacity to achieve my goals. By contrast, successful avoidance is unlikely to leave me with a sense of achievement. Indeed, it may leave me with such negative feelings as cowardliness or being pathetic. Sixth, as Kahneman (2011) discusses, trying to avoid something is inherently problematic because it requires us to call to mind the thing we want to avoid, hence making it more salient. To try and avoid failure, for instance, I need to think about the ways in which I have failed, which reminds me of all the failings in my life. By contrast, thinking about positive approach goals is likely to evoke feelings of hope and optimism. Finally, research suggests that attempting to avoid negative goals may be more likely to generate acute, variable and chaotic feelings, in contrast to the smoother process of approaching a desired state (Fujita & MacGregor, 2012).

Intrinsic vs. extrinsic

Another dimension of goals that has been widely discussed, and researched, in recent years is the degree to which the goal is *intrinsic*, or *extrinsic*, to the person. Intrinsic, or *self-concordant* goals (Sheldon & Elliot, 1999; Sheldon & Houser-Marko, 2001), are 'those that are likely to satisfy basic and inherent psychological needs' (Kasser & Ryan, 1996, p. 280), such as the need for relatedness and autonomy (Ryan & Deci, 2000). By contrast, *extrinsic* goals are those that 'primarily entail obtaining contingent external approval and rewards' (Kasser & Ryan, 1996, p. 280): for instance, the desire for wealth, appearance, and fame. This links closely to person-centred theory (Rogers, 1959), and its distinction between organismic needs, and needs that are based on the desire for positive self- and other-regard. Research suggests that the intrinsic-extrinsic dimension is a critical moderator of the relationship between goal actualisation and wellbeing, because it is only the actualisation of intrinsic goals that leads to positive outcomes (Sheldon & Kasser, 1998). More specifically, while the pursuit of intrinsic goals is associated with higher levels of psychological wellbeing, greater satisfaction, and greater achievement of goals; the pursuit of extrinsic goals is associated with lower wellbeing, lower vitality, and more anxiety, depression and physical symptoms (Kasser & Ryan, 1993, 1996, 2001; Koestner et al., 2002; Sheldon & Elliot, 1999; Sheldon & Kasser, 1998)

This dimension bears many similarities to the distinction that has been made between *learning* (or *mastery*) *goals* and *performance goals* (Dweck & Leggett, 1988; Elliott & Dweck, 1988; Moskowitz & Grant, 2009b; Murayama, Elliot, & Friedman, 2012). Learning goals, like intrinsic goals, have an end in themselves: for instance, to acquire new knowledge, skills and competencies. By contrast, performance goals, like extrinsic goals, are focused on achieving outcomes as a means of displaying competence to others: oriented towards external benchmarks and rewards, rather than being ends in themselves. As with the intrinsic-extrinsic dimension, there is evidence that learning goals tend to be more beneficial to the person than performance goals. For instance, performance goals are more likely to lead to feelings of helplessness after a failure, while learning goals facilitate persistence and mastery-oriented behaviours (Moskowitz & Grant, 2009b). To some extent, the intrinsic and extrinsic dimension also maps on to a distinction between 'process focus' and 'outcome focus', respectively, in goal-directed activity (Freund, Hennecke, & Mustafic, 2012).

Specificity

Goals can be specific and precise, or they can be vague and amorphous. An example of the former might be: 'To go the gym at least three times a week.' An example of the latter

might be, ‘To be fitter.’ This dimension is closely related to the degree with which a goal is concrete, as opposed to abstract. Here, ‘Concrete goals detail specific, tangible rewards achieved by particular behaviours in response to particular contexts. Abstract goals, in contrast, reflect more global, general aims that transcend specific situations and apply to multiple contexts’ (Fujita & MacGregor, 2012, p. 86). The specificity of a goal is also closely associated to its simplicity, as opposed to its complexity. A complex goal, like getting fitter, is linked to a wide range of other goals and behaviours. It can be achieved through multiple pathways (see equifinality, below). By contrast, a simple goal, like ‘Going to the gym three times a week’, is relatively distinct, and can be achieved through only a small number of means.

Generally, research shows that people perform better (i.e., make more progress towards the specified goal) when they aim for specific and simple goals, as opposed to goals that are vague and complex (Locke & Latham, 2002; Sheeran & Webb, 2012). However, in terms of wellbeing, this may be counterbalanced by the fact that a person’s most important goals may be relatively abstract: for instance, ‘feeling that I am a lovable person’. Hence, while people may be more able to make progress when the goal is well-specified, if it is not that important to the person, then it may be less likely to evoke positive feelings of wellbeing.

Temporal extension

A closely related dimension of goals is their temporal extension: the degree to which they are long-term, distal ‘life goals’ (Pohlmann, 2001), as opposed to short-term, proximal objectives. This temporal extension can be defined in terms of how far in the future the goal object is, as well as the amount of time needed to know whether success or failure has been achieved (Fujita & MacGregor, 2012). For instance, winning against my son at Trivial Pursuit is a proximal objective, because I know very shortly after we have started whether I have been successful or not. By contrast, my goal of helping to create a more just world is much more distal because it may take many years before I know if I have been successful or not.

Within the therapeutic field, we can make a specific distinction between ‘life goals’ (what the person wants to achieve, generally, in life), and the more proximal ‘therapeutic goals’ (what the person wants to achieve, specifically, in therapy) (Cooper & McLeod, 2011; Hanley, Sefi, & Ersahin, 2015). This distinction may be important as a means of helping to ensure that clients’ goals are tailored to, and realistic within, the therapeutic context.

As with specific goals, research tends to suggest that the setting of more proximal goals generates more success than the setting of distal goals (Locke & Latham, 2002). However, as with specificity, the impact of temporal extension on wellbeing may be counterbalanced by the fact that a person’s most important goals may be distal rather than proximal. My distal goal of helping to create a more just world, for instance, is much more important to me than my proximal goal of beating my son at Trivial Pursuit. Hence, even though the latter may be easier to achieve, the attainment of the former would be a far more significant source of positive affect.

Consciousness

‘In many everyday cases,’ write Chun et al. (2011, p. 1124), ‘people’s choices are guided by volitional goals of which they are acutely aware.’ However, one of the most influential developments in the contemporary goals literature (e.g., Marien, Custers, Hassin, & Aarts, 2012) is the recognition that people’s choices and behaviours can be influenced by unconscious, implicit goals. Indeed, it has been argued that this may be the norm, rather than

the exception (Austin & Vancouver, 1996; Moskowitz & Grant, 2009a). An example of this, within a therapeutic context, is given by Cooper and McLeod (2011, pp. 64-65):

> Jennifer was a client who had been sexually abused in childhood, and wished to use therapy to help her to come to terms with what had happened, and to get rid of painful and frightening memories of what had happened. Over the course of several months, however, Jennifer seemed to find it hard to commit herself to therapy. Although she said that she liked her therapist, and was satisfied with the way that the therapist was working with her problems, she still missed several sessions, and on occasion could be quite sarcastic towards her, or remain silent and withdrawn for lengthy periods. At the same time, the therapist had a strong sense that it was essential that she should remain consistently accepting and caring in her responses to Jennifer, no matter what the provocation. Eventually, the therapist invited Jennifer to consider the possibility that some 'testing out' might be taking place, and if it was, then what it might mean. What emerged from this discussion was an appreciation on both sides that Jennifer wanted a relationship in which she could feel unequivocally valued and 'special', and was trying to find out whether her therapist was someone who could provide this. Up until that conversation, the idea that 'finding a relationship in which I can feel valued and special' had not been a goal that Jennifer would have been capable of putting into words.

In support of such unconscious goal processes, Bargh and colleagues (e.g., Bargh & Ferguson, 2000) have demonstrated across numerous studies that goals can determine behaviours without people being consciously aware of them. For example, in a classic experiment, Bargh et al. (2001) first 'primed' some participants by asking them to undertake a sentence completion task that contained cooperation-related terms, such as 'helpful' and 'fair.' Subsequently, these participants behaved more cooperatively on a resource allocation 'game' than participants who had not had this priming. Crucially, however, these participants were not aware of any link between the two activities. In other words, they were acting towards the goal of being cooperative, but had no awareness of what this goal was, or that they had been directed towards it by the priming task.

In their work, Bargh and colleagues have also suggested that goals may be pursued so many times that they become *chronic*: that is, in a state of heightened accessibility across situations and time (Bargh, 1990). Furthermore, despite the unconscious status of these goals and the automaticity of behaviour towards them, research shows that unconscious goal pursuit can have many of the complex and adaptive features of conscious goal pursuit. For instance, people acting towards unconscious goals can display goal-related behaviour in novel settings; overcome obstacles; and use monitoring, feedback and 'goal-shielding' processes (i.e., protecting the goal-related activity from distracting thoughts) to achieve their objectives (Aarts & Custers, 2012). We can see this in the example of Jennifer, discussed above, who employs such complex mechanisms as sarcasm and lengthy silences to achieve her goal of knowing another deeply cares for her.

In terms of how unconscious goal pursuit may take place, Aarts and Custers (2012) suggest that it is through the activation of positive, internal reward stimuli. That is, the representation of a particular outcome evokes positive feelings, such that we act towards that outcome without necessarily being aware of what it is. For instance, I might post videos of cats doing funny things on Facebook because it invokes in me a feeling of positive reward as I imagine all the people 'liking' me for it. However, I may never be conscious of those evoked positive feelings, or that rationale. Indeed, at a conscious level, I may believe that I

am doing these postings for a very different reason: for instance, just to help everyone else have a happier day.

This links to the distinction made by McClelland et al. (1989) between *implicit* motives and *self-attributed (*or *explicit)* motives (as well as distinctions between latent and manifest goals, Murayama et al., 2012). Here, McClelland et al. distinguish between those fundamental needs that arise early in a person's development; and the subsequent, conscious motives that a person attributes to themselves regarding what it is that they want. Crucially, McClelland et al. have argued that implicit motives (as assessed by such projective tests as the Thematic Apperception Test), and self-attributed motives (as assessed by self-report surveys) are independent. In fact, subsequent meta-analyses has shown some degree of association, but it is small (a correlation of .088, Spangler, 1992). In other words, research tends to support the hypothesis that the goals we consciously believe we have may be very different from those that are actually driving our behaviour. Furthermore, research suggests that it is the implicit motives, rather than the self-identified ones, that are most predictive of real world behaviour. This is particularly the case where the behaviour is intrinsically rewarding. By contrast, when social incentives (such as external rewards) are present, self-identified motives may be more predictive of behaviour (Spangler, 1992).

However, evidence also exists that people vary quite considerably in the degree to which their goals are unconscious. Thrash et al. (2012, p. 142) describe this as *motive congruence*: the degree of concordance between implicit and explicit motives. Drawing on the evidence, they suggest that motive congruence is higher in individuals who are more self-determining (i.e., regulating in accordance with their true, intrinsic motives); and whose early environment supported the development of self-determination by meeting their basic needs for autonomy and relatedness. They also suggest that individuals who are higher in motive congruence are more sensitive to their bodily states, less monitoring of other's expectations, and more concerned with self-consistency. Thrash et al. (2012, p. 152) also cite research that lower levels of motive congruence are associated with lower levels of affective wellbeing over time.

Meta- level

A final dimension of goals-less explored in the psychological field, but of potential importance to therapy-is the *meta- level* of the goal. Most goals are of a *basic* type, in that the goal-object is a particular state or object. For instance, 'I want to go for a run.' However, it is also possible that the goal-object is a goal, or a goal-related process, itself. Examples of this might be the avoidance goal 'I don't want to have un-finished goals in my life' or the approach goal 'I must succeed in achieving my goals'. Note, to some extent, all goals related to the desire for competence can be seen, to some extent, as meta- level goals.

The concept of meta-goals may be particularly relevant to dysfunctional clinical processes because they introduce the possibility of vicious (as well as virtuous) cycles between goals. For instance, supposing that I have a meta-goal that I should not fail on any of my goals. Then, if I do fail (if, for instance, I don't go out for a run), then not only do I feel bad about that, but I also feel bad at the meta-goal level (I have failed at warding off failure). This, then, can spark off a vicious downward spiral of feeling that I have failed. That is, I experience failure because I have failed at my meta-goal, which intensifies my feeling of failure, *ad nauseam*. Compare this with the person whose meta-goal is to accept themselves whether they fail or succeed. Here, the person may still experience a sense of failure for not going for a run, but the process ends here.

Extending this discussion further, to the extent that affect is considered the result of goal-related processes (see above), it could be argued that all emotion-related goals are

essentially meta-goals. That is, if feeling happier is the result of progressing towards one's goals, then a goal of 'feeling happier' is essentially a goal about a goal-related process. This, again, raises the possibility for vicious and virtuous cycles. For instance, if a client's goal is that 'I don't want to feel unhappy,' then a momentary experience of unhappiness may trigger a vicious downward spiral, in which their feelings of unhappiness evoke feelings of failure and unhappiness (for failing at their goal), which then evokes more feelings of distress. Concomitantly, however, the same person may experience a virtuous cycle at moments of joy, when a sense that they are achieving a goal of being happy may lead to feelings of satisfaction and success, which may then lead to more positive feelings of achievement.

Vicious and virtuous cycles may also arise between goals and emotions because, as the research demonstrates, negative affect may impede an individual's ability to follow through on their goals, while positive affect seems to facilitate goal striving (Gollwitzer & Oettingen, 2012). This might be because negative feelings lower the person's sense of self-confidence, distracts them, or reduces their levels of motivation or energy. The result, however, is that they are then less able to actualise their goal, hence enhancing the negative affect, which then impedes their abilities, *ad nauseum*. An example of this might be a student who is struggling to complete their assignment, who then feels bad about it, and who is then less able to focus on their work.

Goal processes

Within the psychological literature, there is also a body of research on how people go about actualising their goals (see Gollwitzer & Oettingen, 2012). Some of this research focuses on the particular stages, or phases, that people go through in the goal pursuit process. These models all make a distinction between a wanting phase, and actual behaviours. This is important as, although intention does predict behaviour, it is not identical (e.g., Ajzen, 1991). Austin and Vancouver (1996) suggest four goal processes: establishing, planning, striving, and revising; while Little (1983) suggests a similar set: inception, planning, action, and termination. Somewhat more nuanced are the four action phases of the *Rubicon model* (Gollwitzer, 1990; Heckhausen & Gollwitzer, 1987). Here, the first phase is the *predecisional phase*, in which the person considers the desirability and feasibility of various wishes and wants. This culminates in a goal intention: i.e., 'I intend to do X to attain Y'. This is where the person may 'cross the Rubicon' as the goal pursuit begins, at which point they can either succeed or fail. This is followed by the *preactional* phase, in which the individual arranges how to realise the goal. The third phase is the *action* phase, in which the planned behaviour is initiated and maintained. Finally, there is the *postactional* phase, in which the outcomes are evaluated against the goals and, if necessary, the cycle may be recommenced.

Mental contrasting

At the predecisional and preactional phases of goal-directed activity, research has focused on the process and value of *mental contrasting* (Oettingen & Stephens, 2009). This is a cognitive process in which the individual first imagines a desired future (e.g., 'Having a job in which I can express my creativity'), *and* then reflects on their current negative reality that stands in the way of that (e.g., 'There is no opportunity for creativity in my current role'). Within the 'theory of fantasy realization', mental contrasting can be contrasted with *indulging*, in which the person solely fantasises about the positive future; and *dwelling*, in which the person merely ruminates on the negative reality. Mental contrasting has been shown to lead to greater goal commitment and goal-directed behaviour; and it is thought to do this by activating positive, but realistic, expectations of what can be changed and how.

Mental contrasting seems to energise the individual, and then helps them begin to consider strategies for overcoming the obstacles they may face.

Implementation intentions

Further on in the goal-directed activity, research has focused on the process and value of *implementation intentions* (Gollwitzer, 1999; Park-Stamms & Gollwitzer, 2009). This refers to an if-then plan that the individual holds for responding to a particular concrete situation in a particular way. For example, a client who wants to develop her self-confidence might say, 'If my colleague at work puts me down, I will ask him not to do that again.' Research indicates that implementation intentions are a highly effective means of supporting goal attainment, with research across 94 independent studies showing a medium to large effect size of $d = 0.65$ (Gollwitzer & Sheeran, 2006). By establishing implementation intentions, it is hypothesised that people become more sensitized to when the critical situation is emerging (e.g., recognising that they are being put down by their colleague), and then automating the initiation of the planned behaviour (e.g., naturally responding in a more assertive way). Interestingly, a consequence of this automisation is that implementation intentions seem to be particularly effective when the individual is 'ego depleted' (i.e., mentally tired, Gollwitzer & Sheeran, 2006).

Feedback

'For goals to be effective,' write Locke and Latham (Locke & Latham, 2002, p. 708), 'people need summary feedback that reveals progress in relation to their goals.' Consistent with this assertion, meta-analysis has shown that behaviour change interventions which include some element of self-monitoring (e.g., by asking participants to keep an activity diary) have significantly greater impact (Michie, Abraham, Whittington, McAteer, & Gupta, 2009). A study by Polivy et al. (1986), for instance, found that people were more able to moderate the amount of chocolate that they ate when they could see the wrappers of the chocolates that they had already eaten, as compared to when they threw the wrappers away in a wastebasket. Feedback, argue Locke and Latham, allows the person to adjust the level and direction of their efforts to match what the goal requires. This will allow them to intensify efforts if they feel that they are not progressing, and conserve resources (as well as acknowledge their successes) if they are achieving this goal.

Disengagement

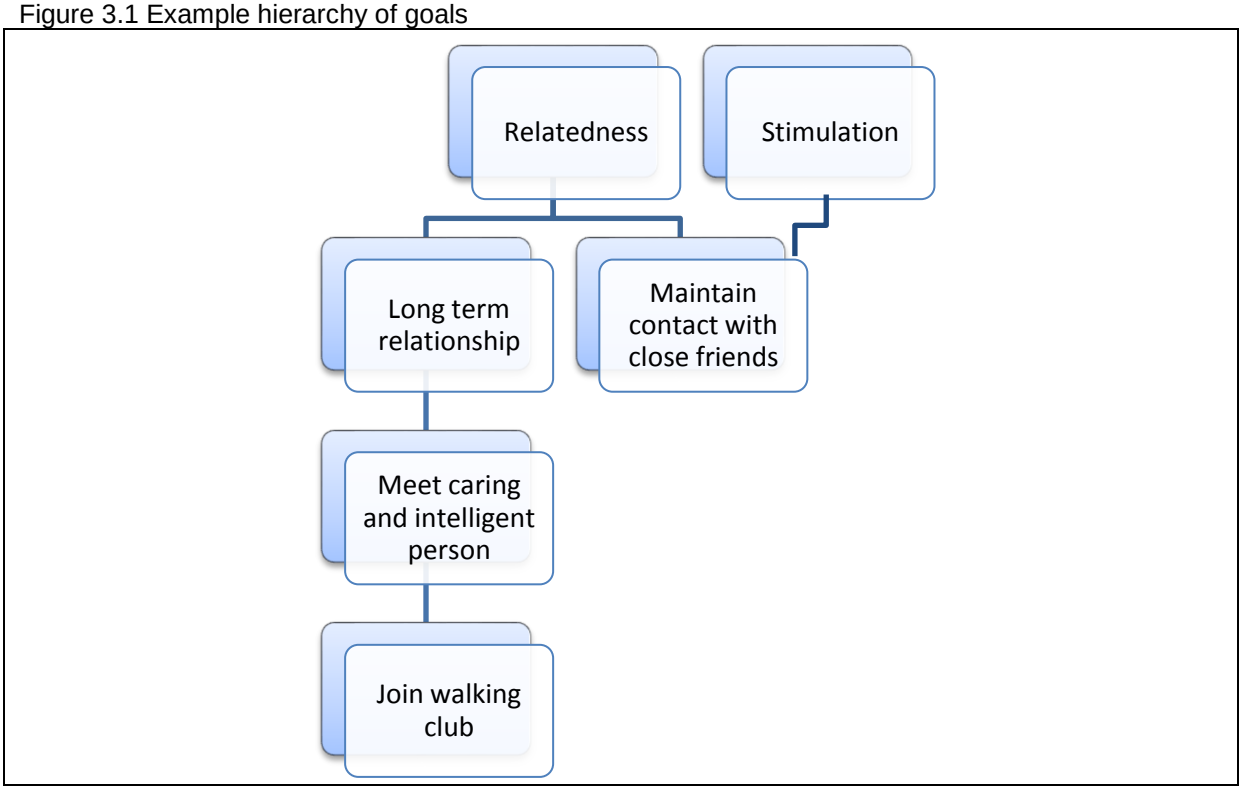
Although goal process models tend to focus on goal engagement, an issue that is also of central importance, particularly to the therapeutic field, is that of goal disengagement (e.g., Heckhausen, Wrosch, & Schulz, 2010). As Joostman and Koole (2009, p. 337) write, 'disengagement can often be an adaptive response to situations in which further investment of time and resources is in undue proportion to the expected outcomes.' In other words, an inability to disengage from goals-for instance, when they have become completed, unattainable or too resource intensive-may be associated with psychological difficulties. This may be because the person then has less resources to invest in actualising other important goals. It may also be that they experience persistent and chronic feelings of frustration, loss and hopelessness. Given that goal disengagement is particularly important when goals are unattainable, there may be an interesting interaction here between goal disengagement processes and the degree to which goals are realistically attainable. More specifically, individuals who set highly unrealistic goals, and are then unable to disengage with them, may be predicted to experience greater psychological distress than individuals who set highly unrealistic goals but can easily disengage. For individuals with realistic goals, however, it

might be predicted that those who quickly (and prematurely) disengage from them might experience more difficulties than those with a greater degree of perseverance.

Goals as Hierarchically Organised

A basic assumption amongst many theorists and researchers in the goals-related fields is that goals can be conceptualized as existing in a hierarchical structure. This ranges from the highest order life meanings to the most concrete, immediate desires (e.g., Austin & Vancouver, 1996; Carver & Scheier, 1990; Little & Gee, 2007). Much of this is derived from Powers' (1973) *control theory* and its *hierarchy of purposes*. Here, higher order wants can be conceptualized as forming the *reference value* for lower order wants; with lower order wants forming the means by which higher order wants may be obtained. As indicated in Figure 3.1, for instance, an individual may have a highest order want to experience relatedness (Flannagan, 2010; Ryan & Deci, 2000), and one thing they may strive to do to experience this is to establish a long-term relationship. To achieve that, they may try and meet intelligent and caring people and, with that aim in mind, they might plan to join a walking club. These associations between higher order, and lower order, goals are termed vertical relationships; while associations between goals at the same level are termed horizontal relationships (Cooper, 2012).

Figure 3.1 Example hierarchy of goals



Although this hierarchical framework posits the existence of highest order goals-or what have been termed 'terminal values' (Austin & Vancouver, 1996; Little & Gee, 2007), 'core projects' (Little, 2007), or 'original projects' (Sartre, 1958)-it leaves open the question of what they might be. Indeed, the framework allows for the possibility that there may be multiple highest order goals (as with, for instance, self-determination theory, Ryan & Deci, 2000); or that no universal set of highest order goals exist -- rather, people differ in what they most fundamentally strive for (Cooper & McLeod, 2011). This hierarchical framework also

allows for the existential possibility that, ultimately, there are no highest order goals (Camus; Heidegger, 1962; Sartre, 1958). That is, that while we may strive towards particular goals, ultimately they have no essential foundation: they are self-chosen, meaningless and 'absurd'.

Two principles that are fundamental to these goal hierarchies are those of *equifinality* and *multifinality* (Austin & Vancouver, 1996; Kruglanski & Kopetz, 2009). Equifinality is the principle that the same goal can be achieved through a multiplicity of different lower order goals (Austin & Vancouver, 1996). Hence, for instance, a person may strive to attain relatedness through a long-term relationship, but they may also try and achieve it through maintaining contact with their close friends (see Figure 3.1). A system in which there are high levels of equifinality can be described as flexible, in that an individual can achieve the same goal in multiple different ways (Caspar, 2005). By contrast, a unifinal system will have the quality of rigidity and inflexibility. Multifinality (or 'heterarchy', Austin & Vancouver, 1996) refers to the principle that the same lower order goal may achieve multiple higher order goals. For instance, the desire to spend time with friends may also be a means of achieving stimulation and excitement (see Figure 3.1). Research suggests that people may have an inherent tendency-unconsciously as well as consciously-towards adopting multifinal means (Chun et al., 2011); and this is consistent with a wider belief in an underlying universal tendency towards synergies (Corning, 2003, see below). That is, when all other things are equal, we will choose towards acting in ways that can satisfy multiple goals at one point in time. Such a system, in which there are high levels of multifinality, can be described as *synergistic*; while a system in which there are low levels of multifinality can be described as dysergetic (see below) (Cooper, 2012).

From a clinical perspective, one of the key strengths of this goal hierarchical framework is that it provides a means of understanding how psychological difficulties may evolve and be maintained. Two intrapersonal mechanisms, in particular, can be highlighted: horizontal incoherence and vertical incoherence (Cooper, 2012; Sheldon & Kasser, 1995) (social and environmental mechanisms will be discussed later in the chapter).

Horizontal relationships: Synergy and dysergy between goals

As we have seen, across similar levels in a goal hierarchy, multiple goals may exist. Riediger (2007) suggests that three types of relationships that may exist between these goals- *interference*, *facilitation* and *independence*-and this is largely consistent with other theorising in this field (e.g., Little, 1983; Riediger, 2007). Note, research here indicates that goal interference and goal facilitation are independent dimensions, rather than opposite ends of a single dimension (e.g., Boudreaux & Ozer, 2013). That is, two goals can both facilitate each other and interfere with each other. For instance, 'eating nice food' may help someone towards their goal of 'happiness', but it might also work against the latter goal by being an expensive pursuit.

A facilitative relationship between goals means that 'the pursuit of one goal simultaneously increases the likelihood of reaching another goal' (Wiese & Salmela-Aro, 2008, p. 490). This has also been termed *positive spillover* (Wiese & Salmela-Aro, 2008); and, in the language of the wider social sciences field, is synonymous with *synergetic* (Corning, 2003), *non-zero-sum* (Wright, 2000), *win-win*, or *cooperative* (Axelrod, 1984) relationships. For instance, if the close friends of the individual in Figure 3.1 are in a walking club, then by joining such a club, she can facilitate the attainment of contact with them, as well as striving towards her goal of meeting a caring and intelligent man or woman.

Alternatively, the relationship between goals may be *interfering*, *competing*, *win-lose* or what is widely termed *goal conflict* (Austin & Vancouver, 1996; Michalak & Grosse Holtfort, 2006; Wiese & Salmela-Aro, 2008). Here, 'a goal that a person wishes to

accomplish interferes with the attainment of at least one other goal that the individual simultaneously wishes to accomplish' (Michalak, Heidenreich, & Hoyer, 2004, p. 84). These goals can also be described as *dysergetic* (Cooper, 2012): the antonym of a synergetic relationship, in which the whole is *less* than the sum of the parts. For instance, it may be that, in trying to establish a long-term relationship, the woman actually ends up spending less time with her close friends.

The concepts of synergy and dysergy form an essential component of a model of wellbeing which understands people as purposeful and agentic. For if human beings are understood as goal-oriented organism, the question is raised as to why they can fail to actualise their goals, and experience the kind of distress described above? Here, the concept of dysergy suggests that human beings can experience feelings of failure, not because they are not goal-oriented beings, but because they are striving to actualise goals that are incompatible with other important things that they want to achieve. A client, for example, may fail in her goal of achieving close relationships with other people, and this may be because she avoids any form of social contact. But this avoidance, itself, can be seen as a goal-oriented, agentic form of behaviour: for instance, an attempt to feel safe because she has experienced so much hurt in relationships in the past.

This hypothesis, that goal-conflict is a source of psychological distress, is prevalent within the psychological literature (e.g. Kelly, Mansell, & Wood, 2015; Riediger, 2007). Indeed, Powers (1973, p. 265) writes that 'Since the time of Freud and no doubt for much longer than that, inner conflicts have been recognized as a major cause of psychological difficulties.' The hypothesis is supported by empirical research which shows that goal conflict is associated with higher levels of psychological symptoms, and lower levels of psychological functioning, affect, mobilization and life satisfaction (Austin & Vancouver, 1996; Cox & Klinger, 2002; Emmons, 1986; Emmons & King, 1988; Karoly, 1999; Kelly et al., 2015; Riediger, 2007; Riediger & Freund, 2004). Summarising the research, Michalak and colleagues (2004, p. 90) write: 'most studies reveal a relation between intrapsychic conflicts and people's psychopathological status.' As suggested, this may be because, where goal conflict exists, people are failing to achieve important goals. Mansell (2005, p. 147) likens goal conflict to 'two different air conditioning systems operating in the same room, one set at 20°C and the other at 30°C'. Here, neither system will ever achieve their goal. However, like two people in the same room trying to regulate according to different temperature goals, the very existence of an internal conflict may also evoke feelings of turmoil, confusion and disintegration in a person; and may leave them feeling exhausted and drained of resources (Karoly, 1999). This latter explanation, as opposed to the former, is supported by research by Boudreaux and Ozer (2013), which showed that individuals with greater levels of goal conflict were less successful in achieving their goals, but the ones that they failed to achieve were not necessarily the ones in conflict.

One particular form of dysergetic intergoal relationship that has been associated with psychological problems is *arbitrary control* (Mansell, 2005; Powers, 1973, p. 271). Here, the person acts towards one particular goal or set of goals (the 'active goal', Bargh & Huang, 2009) without regard to the wider goals network. This can be likened to *tunnel vision* or *selective attention*; and is consistent with Bargh and Huang's (2009, p. 131) theory that goals are essentially 'selfish' and 'will single-mindedly pursue their agenda independently of whether doing so is in the overall good of the individual person.' Such autonomous, single-minded forces might be termed *rogue goals*, and could be hypothesised to exist at the core of many maladaptive psychological processes. For instance, a young person gets 'taken over' by the aim of being thin, and neglects the many other goals that are of importance to her, such as being healthy and having friends. In fact, research suggests that people, in general, tend to

be quite good at switching to more important, higher order goals when they are tempted by incompatible lower order goals (Heckhausen et al., 2010). However, some people may be more vulnerable to arbitrary control, and this may relate to the existence of meta-goals, such as 'I always want to complete my goals.' Goals that are unconscious may also have more power to exert arbitrary control because the person is less able to stand back from them and consider their wider goals network.

Conversely, it is widely hypothesised in the goals' literature that 'harmony and integrated functioning among one's goals are essential for subjective well-being' (Emmons, 1986, p. 1065). Interestingly, however, the evidence here is less compelling, with a number of studies finding no directed relationship between inter-goal facilitation and wellbeing (Riediger, 2007; Wiese & Salmela-Aro, 2008); though other studies have (Sheldon & Kasser, 1995). What does seem clear, however, is that the more synergetic a person's goals, the more the person tends 'to engage in goal directed actions' (Riediger & Freund, 2004, p. 1522). It may also be that it is the ratio of facilitative to interfering inter-goal relationships that is the 'crucial characteristic' of a goal system that facilitates wellbeing (Wiese & Salmela-Aro, 2008).

Vertical relationships: Effective and ineffective means

Although the psychological literature has tended to focus on horizontal coherence, Sheldon and Kasser (1995) also highlight the importance of *vertical coherence*: whether or not the sub-goals actually help someone progress towards the goals that they are aiming for. Here, 'an action system is optimally configured when purposes at higher levels of the system are readily served by behavioral competencies at lower levels of the system' (1998, p. 1319). For instance, if someone's goal is to meet a partner who is caring, serious and environmentally-aware, joining a walking club may be a very good idea. But the same strategy may be highly ineffective if, for instance, they want to meet a partner who likes staying up all night clubbing. Note, the hypothesis that people are sometimes ineffective in their goal-attainment strategies does not contradict the earlier proposition that people are, inherently, agentic beings who act towards their world in meaningful and intelligible ways. Human beings may strive to 'do their best', but this does not always mean that the thing they think will be best is actually the most effective means of actualising their goals.

Why might people strive towards their goals in ineffective ways? One reason may be simply learning: for instance, a person may not have learnt yet that members of walking clubs do not tend to like all night clubbing. We may also choose to adopt strategies that were effective in past times, but are no longer so. For instance, a person might have learnt, as a child, that the best way to get their need for love and attention met was by being very compliant and submissive and, as an adult, they continue with this strategy, even though this now elicits a more rejecting response. A third possibility is that the person's higher order goals are unconscious (see above), and therefore they cannot work towards them effectively. For instance, if what I deeply want from a relationship is to feel unconditionally loved, but do not recognise this (or think that I want something else, like sex or status), then I am unlikely to develop strategies (like expressing my vulnerabilities) that may best help me achieve my goals.

Hierarchy of goals as a unifying theoretical framework

This hierarchical model of goals provides a useful means of drawing together many of the goal-related concepts and processes discussed earlier. Goals that are long-term, abstract, and more important can be understood as higher order goals; while short term, concrete and less important goals can be understood as lower down in the goals' hierarchy. In addition,

with the concepts of arbitrary control and rogue goals, we can see how lower level goals may, at times, take over, and why this may not serve the person as a whole. Goals may be approach or avoidant at any level in the hierarchy; but we can understand intrinsic goals as those closely related to the highest order goals, while extrinsic goals can be understood as lower down the hierarchy, and particularly a sub-branch of the desire for approval (Cooper, 2013). This would explain why progress towards extrinsic goals is less likely to bring about positive affect than intrinsic goals: it has less of a direct impact on our highest order wants, and it is also more contingent on factors that are outside of an individual's own control. Within this framework, there is the possibility that goals at any level can be conscious or unconscious. However, as discussed above, the more conscious goals are, the more empowered individuals are to develop synergetic and effective methods to achieve these goals; and to draw on such strategies as mental contrasting and implementation intentions.

This hierarchical framework is also consistent with-and capable of encompassing-a wide range of psychotherapeutic models of human functioning (see, Cooper, 2012). The humanistic notion of an actualising tendency (Rogers, 1959), for instance, can be conceptualised as the tendency of the organismic system towards synergetic configurations; while incongruence (the primary source of pathology in the humanistic model) can be understood as a conflict between intrinsic- and extrinsically-oriented goals (Cooper, 2013). Existential models are compatible with a concept of the organism as goal-oriented and striving for meaning (e.g., Frankl, 1986). The concept of conflict across motivational system encompasses psychodynamic understandings of the aetiology of psychological distress (Curtis & Hirsch, 2003; Wolitzky, 2003). In the classical Freudian model, for instance, the *id*'s unconscious desire for hedonistic gratification comes up against the *superego*'s desire for moral and socially sanctioned behaviour, with the *ego* that part of the person attempting to achieve mediation and balance (Magnavita, 2008). In cognitive therapy, the many biases and heurisms that people enact can be seen as a manifestation of short term, rogue goals and temptations (for instance, to avoid 'ego depletion', Moskowitz & Grant, 2009b), which then have the consequence of undermining the organism as a whole. Cognitive and behavioural approaches are also based on the assumption that people often adopt ineffective strategies to achieve their goals, hence the need for such interventions as psychoeducation and assertiveness training (Sanchez, Lewinsohn, & Larson, 1980).

The hierarchical approach presented here also provides a common framework for bringing together a wide range of therapeutic practices. Essentially, what all therapies can be seen as doing is to help people find better ways of actualising their highest order goals. This may be through supporting people to become more aware, and accepting, of what those highest order goals are; helping people to recognise, reflect on, and resolve conflicts across goals; or teaching people skills that can help them attain the most common higher order goals more effectively. Here, the barriers between different therapeutic orientations can be seen as dissolving: all therapists can be seen as working towards the same goal, albeit with different foci.

The Social Context

Within the psychological literature, as reviewed above, there is a tendency to focus on goals, goal processes, and intergoal relationships *within* the person (though see Cavallo & Fitzsimons, 2012; Deci & Ryan, 2012; Heckhausen et al., 2010). Therapeutic models, too, have tended to understand the relationship between goal actualisation and psychological distress at the individual level alone (see above) (Cooper, 2015). However, if goals are understood as having an intrinsically social component, as well as a psychological one (see

Chapter 1, this volume), then the extent to which people actualise their goals will also be fundamentally determined by their social environment.

Social factors can determine goals, and goal-related processes, in many ways. First, the kinds of goals that people adopt-right up to their highest order goals (Heidegger, 1962)-are likely to be learnt from their social and cultural environments. Indeed, 'there is research to suggest that goal pursuit is automatically triggered when goals are inferred from the behavior of others' (Aarts & Custers, 2012, p. 235), a process known as 'goal contagion.' In addition, the social context is likely to determine how attainable goals may seem, as well as the extent to which people can actually progress towards-and achieve-them. For instance, an affluent individual, as compared with a less affluent one, may feel more able to attain their goal of travelling around the world, and may also be more likely to actually do it. The social context may also play a key role in determining the extent to which goals come into conflict with each other (Cooper, 2012, 2016). As I have argued (Cooper, 2006, p. 88).

> [O]ur wants are often in tension with each other…because we inhabit an environment in which the achievement of one want frequently necessitates the subjugation of another. A person in a context of limited financial resources, for example, might only be able to achieve their desire for financial security by suppressing their desire for excitement and stimulation: for instance, by taking a job in a fast food restaurant. Alternatively, in that environment, the person may be able to actualise their desire for stimulation by forming a musical group with their friends, but then they might have to compromise their desire for financial security.

From this standpoint, then, conflict arises between a person's goal because of *limited resources* in their context (Boudreaux & Ozer, 2013; Michalak et al., 2004; Riediger & Freund, 2004). This is an individual-level equivalent to social psychology's *realistic conflict theory*, which holds that 'limited resources lead to conflict among groups' (Aronson, Wilson, & Akert, 1999, p. 486).

Given, as discussed above, the relationship between goal actualisation and positive affect, this framework shows how social factors-as well as psychological ones-may influence our levels of wellbeing and distress. An individual who is rich enough, for instance, to go travelling around the world, and who is able to actually finance such a trip, is likely to experience more positive affect than an individual without such resources. This is consistent with the research which shows that social factors, such as poverty and political oppression, can reduce levels of positive affect (Wilkinson & Pickett, 2010).

Implications for Setting Goals in Therapy

This review of the psychological literature on goals and goal processes suggests that there is a wealth of theory and evidence that therapists can draw on for their practice. This final section aims to draw out some of these implications, with specific reference to setting goals in therapy.

Goal setting may be undertaken with clients in a relatively informal and 'low-key' way. For instance, it may simply involve asking clients about the things that they want in therapy, and keeping a mental note of this as the therapeutic work progresses. On the other hand, it may take a more formal and prominent form: particularly through the use of written goal-based measures and instruments (see Chapter 6, this volume) (Hurn, Kneebone, & Cropley, 2006). Through completing forms such as the Goal-Based Outcome Measure (Law & Jacob, 2015), or through processes such as Personal Projects Analysis (Little & Gee, 2007), clients can be explicitly encouraged to reflect on-and reconsider-their personal goals.

And, indeed, there are not only tools to help clients identify their goals, but also consider the levels of conflict and synergy between them (e.g., the Striving Instrumentality Matrix, Emmons & King, 1988). Asking clients to formally record their goals may support the goal actualisation process by helping them to develop clearer and more specific formulations of their goals, it can remind clients of what their important goals are, and it can provide feedback on goal progress. However, the downside of formal goal-setting is that it may inhibit the client from revising or reconceptualising their goals as the therapeutic work progresses.

So is it useful to set goals for therapy, either formally or informally? Generally, research from the psychological field would suggest it is: that encouraging both adults and children to set goals has the capacity to facilitate their attainment (Locke & Latham, 2002; Schunk, 1990). Locke and Latham (2002), in their analysis of the evidence, suggest that this is for a range of reasons. First, focusing on goals helps to direct people's attention and effort on goal-related activities, and away from activities that are unrelated to that goal. Second, setting goals can help energise people towards goal-directed action. Third, by having goals, people may be more likely to be persistent. Fourth, having goals can lead to the arousal and discovery of task-relevant knowledge and strategies.

Within a therapeutic context, the process of setting goals may also be important because it can help clients to become more aware of unconscious goals. This may be helpful for a number of reasons. First, it may help clients feel more in control, and more understanding and accepting of themselves. Moreover, by becoming more conscious of their goals, the individual can explore alternative-and potentially more effective-means of actualising them. They can also reflect on-and reconsider-whether these are the goals and subgoals that they want to strive towards; and look at ways of overcoming goal conflict and arbitrary control (Mansell, 2005). Hence, conscious elicitation and exploration allows clients to direct their attention to their overall goals hierarchy, and to reconfigure their ways of doing things to optimise their actualisation of highest order goals.

However, there may also be limits to the value of goal setting in therapy and, in some instances, it may have the potential to be counter-therapeutic. This could be for a number of reasons. First, the setting of goals is only likely to be salutogenic to the extent that the goals are helpful ones to pursue. A client, for instance, who sets for themselves avoidant, extrinsic goals (for instance, 'I don't want people to think I'm a fool), may be helped in their achievement, but this may do little for the client's overall wellbeing. Second, given the levels of incongruence between people's self-identified motives and their intrinsic goals, there is a danger that clients' explicitly-set therapeutic goals will bear little relation to their actual, highest order wants. This might make elements of the therapeutic work redundant and mean that the time and resources of the therapist and client are being diverted down 'blind alleys' that will satisfy only the most superficial of goals. Goal-setting in therapy, then, is only likely to be helpful to the extent that the client's self-identified goals match their intrinsic ones. This means that goal setting may be most helpful to clients who have such qualities as self-determination and sensitivity to bodily states (see \Thrash, 2012 #4652, discussed above}. It also means that, in any goal-setting process, there should be time for clients to reflect on their higher order wants and desires, and to be able to revise them as 'emergent goals' appear in the client's consciousness (John McLeod, personal communication, 24th August 2016). It also means that therapists should explore with their clients what their goals mean and 'unpack' them, rather than simply taking them at face-value. Third, research suggests that, while a majority of clients do want to set goals in therapy, there are a significant minority who do not (Cooper & Norcross, 2015). This may be related to clients' meta-goals: for instance, a client may be striving to get away from fixed and demanding goals

in her life. Although, of course, this is a goal in itself, given the evidence that clients do better in therapies that match their preferences (Swift, Callahan, & Vollmer, 2011), it is likely to be counter-therapeutic (as well as unethical) to impose a goal-setting process on such clients.

Nevertheless, given that some clients are likely to find explicit goal setting helpful at some points in therapy, what are the characteristics of a 'well-formed therapeutic goal' (see also Grosse Holtforth & Michalak, 2012, Chapter 6, this volume). Based on this review of the evidence, we can suggest it is likely to have the following qualities:

- *Intrinsic*: Clearly and directly related to higher order needs-such as connectedness, autonomy, or a sense of community-rather than contingent on the attitudes or actions of others. In working with children and young people, it may also be important to set goals that are intrinsic and meaningful to *them*, as opposed to the adults that may have brought them to therapy.
- *Effective*: A credible means of attaining higher order goals, rather than an inefficient or indirect strategy. Therapists should also be mindful of meta- goals (including affect- and competence-related goals), that may trigger vicious downward spirals.
- *Synergetic*: Supportive of other therapeutic goals or, at least, not in conflict with them (for instance, 'I want more time on my own,' when the client has already stated 'I want to be closer to my partner'). Therapists should be particularly mindful of rogue goals, which are focused on actualising just one part of the person to the detriment of the greater whole.
- *Approach*: About achieving something positive, rather than avoiding something negative.
- *Challenging*: 'Stretching' for the person...
- *Realistic*: …but realistically achievable within the therapeutic time frame. Goals that come from clients' unrealistically high expectations of themselves (for instance, 'I want to feel calm all the time') should be challenged. Therapists should also be mindful of the number of goals that clients are setting: are there too many to be realistically achieved (or too few to be sufficiently challenging)? If, as the work proceeds, it becomes apparent that clients' goals are unattainable, it may be important to support them in the process of disengaging.
- *Important*: Clients are likely to experience a greater sense of accomplishment if they can work towards important goals. However, if clients are struggling to attain any goals (as might be the case with children), it may be better for them to set-and attain-relatively unimportant goals (hence boosting their self-efficacy), rather than striving for-and failing to actualise-more important goals.
- *Specific*: Clients may be more able to achieve specific, concrete, and simple goals (e.g., 'Talk back to my bully at work') over vague, abstract, and complex ones (e.g., 'Be assertive'). However, this needs to be weighed against the relative importance of these goals and their proximity to higher order wants. An optimal goal is probably both specific and also relatively high order (e.g., 'Share more about myself with my closest friends').
- *Supported with mental contrasting and implementation intentions*: There is evidence that both these processes can facilitate the attainment of goals. Clients should be encouraged to think about what they are aiming for, how this contrasts with their current situation, and to develop concrete plans for progressing from 'A' to 'B.'
- *Supported with feedback*: Regular monitoring of goal attainment, whether informally or through more structured goal attainment measures, seems to be of benefit.

- *Mindful of the social context:* Clients' goals, and their capacity to actualise them, are likely to be dependent on their social, cultural, interpersonal and political context. These factors need to be borne in mind in terms of what might make attainable goals, and also where the points of leverage may be in achieving them.

Implications for Therapeutic Formulations

Although less developed, the evidence and framework reviewed in this chapter can also serve as the basis for developing an understanding of clients and their psychological difficulties. Caspar (2005), for instance, has developed a model of formulation, 'plan analysis', which maps out clients' goals and subgoals in hierarchical format, to develop an understanding of the problems that have brought them into therapy, and the kind of therapeutic relationship that may be of greatest value to them. Such a hierarchical analysis may be helpful to therapists of any orientation. In addition, in understanding the source of clients' difficulties, therapists may find it useful to ask themselves the following questions at the formulation stage:

- Does my client have a sense of what they are striving for in life?
- Does my client see their goals at attainable?
- Does my client feel that they are moving towards their goals, and is this at a fast enough pace?
- Has my client achieved important goals in their life?
- Are the things that my client is striving towards actually important to them?
- Are my clients' goals sufficiently challenging?
- Is my client oriented towards approach goals, or avoidance goals?
- Are my clients' predominant goals intrinsically satisfying to them, or are they linked to earning praise from others?
- Are my client's goals specific?
- Does my client have goals that are in the near future, or are they all in the distant future?
- Is my client aware of the things that they are most deeply striving for in life?
- What are my client's meta-goals: their goals about their goal striving?
- Does my client compare past with future, to get a sense of how to move from one to the other, or do they unproductively fantasise about the future or dwell in the past?
- Does my client have specific if-then strategies for overcoming obstacles in their goal pursuits?
- Does my client have ways of monitoring how well they are progressing towards their goals?
- Is my client able to disengage from unattainable goals?
- Are my client's predominant goals in conflict, or are they facilitative of each other?
- Does my client have any rogue goals?
- Does my client have effective means of achieving their goals?
- Are my client's goals achievable within their social and interpersonal circumstances? Do they need to change these circumstances to achieve their goals?

Implications for Therapeutic Practice

The analysis developed in this chapter does not propose a new way of doing therapy. Rather, as suggested earlier, it provides a framework for drawing together a wide variety of

therapeutic practices, and underscoring some key principles of practice. These can be briefly summarised as follows:

- Help clients become more aware of what it is that they really want in life: what their highest order, most intrinsic goals are.
- Help clients reflect on what stops getting them to these goals, and how they might go about doing things more effectively.
- Help clients look at goals that might be in conflict with each other, and how they could go about creating more synergetic inter-goal relationships.

In addition, as part of the ongoing therapeutic dialogue, clients can be encouraged to explore all of the questions articulated above in the 'Implications for therapeutic formulations' section of this chapter, as and where relevant. This may help them develop their own understanding of how their problems may have evolved, as well as potential solutions. For instance, at relevant places in the therapeutic dialogue, clients might be encouraged to consider whether they are sufficiently able to disengage from unattainable goals, whether their goals are approach- or avoidance-orientated, or whether they have if-then plans for achieving particular goals. This can then support clients to find more effective ways towards goal actualisation.

Conclusion

Given all the evidence presented in this chapter, there is no doubt that the process of applying psychological evidence on goals to therapeutic practice must be done in a sensitive and thoughtful way. As we have seen, for instance, principles of helpful goal setting can come into conflict with each other: challenging but realistic goals, specific but important, balancing levels of engagement and disengagement. Moreover, given that many of clients' highest order goals are at an unconscious, latent level, the therapeutic process becomes an complex, evolving dance between setting, acting on, working with, and re-evaluating goals. Nevertheless, psychological theory and research on goals and goal processes is a vast, untapped reservoir of knowledge that clinicians can draw on to enhance their therapeutic work. In the psychological field, there is clear evidence that goal-oriented activities, of particular types, can be salutogenic. Applied to the clinical context-with appropriate testing, evaluation and development-these have the potential to make a major contribution to the enhancement of therapeutic practice.

Points for Reflection

- Identify three goals that are of particular importance to you at the present moment. Now consider where they lie on each of the dimensions outlined in the second part of this chapter. Does the theory correspond to your perception and experience of these goals?
- What do you think are the most important principles that can be derived from the literature reviewed here on how to work with goals and goal processes in clinical practice?

Further Reading

Austin, J. T., & Vancouver, J. B. (1996). Goal constructs in psychology: Structure, process, and content. *Psychological Bulletin, 120*(3), 338-375. Still, probably, the most comprehensive review of the goals literature in psychology.

Little, B. R., Salmela-Aro, K., & Phillips, S. D. (Eds.). (2007). *Personal project pursuit: Goals, action, and human flourishing*. Mahwah, NJ: Lawrence Erlbaum Associates Publishers. Valuable collection of chapters on all aspects of goals-related practice.

Moskowitz, G. B., & Grant, H. (Eds.). (2009). *The psychology of goals*. New York: Guilford Press. Rich and in-depth collection of chapters on the psychology of goals, with a particular focus on the motivation-cognition relationship. See also Aarts and Elliot (2012) which has a similar range of chapters.

Grosse Holtfort, M., & Michalak, J. (2012). Motivation in psychotherapy. In R. M. Ryan (Ed.), *The Oxford handbook of human motivation* (pp. 441-462). New York: Oxford University Press. Valuable review of the evidence on goals and goal-setting in relation to therapeutic practice

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